Office of Financial Aid / Page Hall 2nd Floor / P.O. Box #668 Langston, OK 73050 / 405-466-3000 / financial@langston.edu



2023-2024 Independent Verification of Support

Please use BLACK ink ONLY

OF OF ANY CEASES	provide additional information	se section "B" to	can u
OF OF ANY STATE	on <u>(MUST PROVIDE PRO</u>		tudent (and spouse if applica ND/OR FEDERAL ASSIST
	ay your basic living expenses.	and your spouse) [se this chart to document how you (
ell grant, child support,	How is this exp Example: paycheck, loans, P social security	Annual Amount	2021 Expenses
	J	\$	Rent or Mortgage
		\$	Utilities
		\$	Food and Groceries
		\$	Car Payment/Gas
		\$	Insurance
		\$	Child Care/ Day Care
		\$	Diapers and Baby Food
		\$	Personal- clothing, cell phone, entertainment, etc.
Amount \$		d:	ee(s) of Untaxed Income Receive
ses are paid:	ion about how your living expe		DDITIONAL INFORMATIONAL INFORMATION AL INFORMATION AL INFORMATION DE LA COMPANION DE LA COMPAN
)N	